

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

107089209

FILING DATE

26 MAR 2002

APPLICANT(S)

Fielder

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/		/		51						
2				/		/	52						
3				/		2	53						
4				/		/	54						
5				/		/	55						
6				/		/	56						
7				/		/	57						
8				/		/	58						
9				/		/	59						
10				/		/	60						
11				/		/	61						
12				/		/	62						
13				/		/	63						
14				/		/	64						
15				/		/	65						
16				/		/	66						
17				/		/	67						
18				/		/	68						
19				/		/	69						
20				/		/	70						
21				/		/	71						
22				/		/	72						
23				/		/	73						
24				/		/	74						
25				/		/	75						
26				/		/	76						
27				/		/	77						
28				/		/	78						
29				/		/	79						
30				/		/	80						
31				/		/	81						
32				/		/	82						
33				/		/	83						
34				/		/	84						
35				/		/	85						
36				/		/	86						
37				/		/	87						
38				/		/	88						
39				/		/	89						
40				/		/	90						
41				/		/	91						
42				/		/	92						
43				/		/	93						
44				/		/	94						
45				/		/	95						
46				/		/	96						
47				/		/	97						
48				/		/	98						
49				/		/	99						
50				/		/	100						
TOTAL IND.			1		3		TOTAL IND.						
TOTAL DEP.			7		14		TOTAL DEP.						
TOTAL CLAIMS			8		17		TOTAL CLAIMS						